

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Graves for Congress

ADDRESS (number and street)

2345 Grand Blvd

Ste 2400

Kansas City

MO

64108-2642

☐ Check if different  
than previously  
reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

C C00359034

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

MO

06

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☒

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M / D D / Y Y Y Y  
08 / 02 / 2016in the  
State of

MO

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
07 / 01 / 2016

through

M M / D D / Y Y Y Y  
07 / 13 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jean Paul Bradshaw

Signature of Treasurer

Jean Paul Bradshaw

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
07 / 20 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 16

Write or Type Committee Name

Graves for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	25025.00	1193305.56
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	25025.00	1192305.56
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	7496.08	596884.38
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	2000.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	7496.08	594884.38
8. Cash on Hand at Close of Reporting Period (from Line 27).....	878941.56	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	5522.41	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

Graves for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	6

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

2025.00

198905.00

(ii) Unitemized.....

0.00

8029.16

(iii) TOTAL of contributions from individuals ▶

2025.00

206934.16

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

23000.00

986371.40

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

25025.00

1193305.56

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

2000.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

127.23

6614.26

**16. TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

25152.23

1201919.82

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 16

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	7496.08	596884.38
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	300.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1000.00
21. OTHER DISBURSEMENTS .....	200.00	158100.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	7696.08	756284.38

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	861485.41
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	25152.23
25. SUBTOTAL (add Line 23 and Line 24).....	886637.64
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	7696.08
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	878941.56

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 5 OF 16

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Graves for Congress**Full Name (Last, First, Middle Initial)  
**A. Wayne G. Boggs**

Mailing Address 599 Marmora Ave.

City	State	Zip Code
Tampa	FL	33606-3823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AirBoss & ConsultingOccupation  
Owner

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2016

Transaction ID : AE335935C2AFE4134B8A

Amount of Each Receipt this Period

1500.00

☐ Memo ItemFull Name (Last, First, Middle Initial)  
**B. Joseph A. Kneib**

Mailing Address 5090 Lyda Lanes

City	State	Zip Code
Colorado Springs	CO	80904-1008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Herzog Contracting Co.Occupation  
Vice-President

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2016

Transaction ID : A3DB1C1D74B2F45B695C

Amount of Each Receipt this Period

500.00

☐ Memo ItemFull Name (Last, First, Middle Initial)  
**C. Virgil T Kingrey**

Mailing Address 6617 N Revere Drive

City	State	Zip Code
Kansas City	MO	64151-3987

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2016

Transaction ID : A9D594FEF77A345B69B6

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2025.00

2025.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

Full Name (Last, First, Middle Initial)

**Gridiron PAC**

Mailing Address 345 Park Ave

City

New York

State

NY

Zip Code

10154-0004

FEC ID number of contributing  
federal political committee.

**C** C00451153

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 12 2016

Transaction ID : AD047CD10985344A3B9B

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**American Society of Travel Agents PAC**

Mailing Address 1101 King Street  
Suite 200

City

Alexandria

State

VA

Zip Code

22314-2963

FEC ID number of contributing  
federal political committee.

**C** C00114108

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 12 2016

Transaction ID : AEF87681AB1D469B98C

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**American Bus Association PAC (BUSPAC)**

Mailing Address 111 K Street NE  
Floor 9

City

Washington

State

DC

Zip Code

20002-8110

FEC ID number of contributing  
federal political committee.

**C** C00004879

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

6500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 12 2016

Transaction ID : A49375423D3E94AA48F6

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

4000.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
Graves for Congress

A. Full Name (Last, First, Middle Initial)  
NAHU PAC-Natl Assoc of Health Underwriters PAC

Mailing Address 1212 New York Ave NW

City State Zip Code  
Washington DC 20005-3987

FEC ID number of contributing  
federal political committee.

C C00283135

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 12 2016

Transaction ID : ACEB30A79245A429CA7E

Amount of Each Receipt this Period

500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)  
American Family Mutual PAC

Mailing Address 6000 American Parkway

City State Zip Code  
Madison WI 53783-0001

FEC ID number of contributing  
federal political committee.

C C00354290

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 12 2016

Transaction ID : A8AF8EB1BA4DE4BAE903

Amount of Each Receipt this Period

1000.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)  
Associated General Contractors PAC

Mailing Address 2300 Wilson Blvd

City State Zip Code  
Arlington VA 22201-5426

FEC ID number of contributing  
federal political committee.

C C00082917

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

7500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 12 2016

Transaction ID : A7FA55543149A407E9F3

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 16

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Graves for Congress****A.** Full Name (Last, First, Middle Initial)  
**American Hospital Association PAC**Mailing Address 800 10th Street NW  
Suite 400

City	State	Zip Code
Washington	DC	20001-5189

FEC ID number of contributing  
federal political committee.**C** C00106146

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3500.00

Date of Receipt

M M	D D	Y Y Y Y
07	12	2016

Transaction ID : A57AE8BD131D0474A8DD

Amount of Each Receipt this Period

1000.00

☐ Memo Item**B.** Full Name (Last, First, Middle Initial)  
**Saltchuk Resources, Inc. PAC**Mailing Address 1111 Fairview Ave N  
Accounting Department

City	State	Zip Code
Seattle	WA	98109-4418

FEC ID number of contributing  
federal political committee.**C** C00411694

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	D D	Y Y Y Y
07	12	2016

Transaction ID : ACB495DBF4BC2450BAF6

Amount of Each Receipt this Period

1000.00

☐ Memo Item**C.** Full Name (Last, First, Middle Initial)  
**NFIB Safe Trust PAC**Mailing Address 1201 F Street NW  
Suite 200

City	State	Zip Code
Washington	DC	20004-1221

FEC ID number of contributing  
federal political committee.**C** C00101105

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	D D	Y Y Y Y
07	12	2016

Transaction ID : A79B8758CCD04464F923

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3000.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Parsons Corporation PAC</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2016	
Mailing Address 100 W Walnut Street # T-1110		<b>Transaction ID : A2CC7B71ABC2345AD802</b>	
City Pasadena	State CA	Zip Code 91124-0001	
FEC ID number of contributing federal political committee. <b>C</b> C00103549		Amount of Each Receipt this Period 2000.00	
Name of Employer Occupation		<input type="checkbox"/> Memo Item	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 10000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) <b>National Auto Dealers Association</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2016	
Mailing Address 8400 Westpark Drive		<b>Transaction ID : ABB85535B8270419C945</b>	
City Mc Lean	State VA	Zip Code 22102-5116	
FEC ID number of contributing federal political committee. <b>C</b> C00040998		Amount of Each Receipt this Period 4000.00	
Name of Employer Occupation		<input type="checkbox"/> Memo Item	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) <b>AFLAC Incorporated PAC</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2016	
Mailing Address 1932 Wynnton Road		<b>Transaction ID : AAD1F70D1A2834227B11</b>	
City Columbus	State GA	Zip Code 31999-0001	
FEC ID number of contributing federal political committee. <b>C</b> C00034157		Amount of Each Receipt this Period 1000.00	
Name of Employer Occupation		<input type="checkbox"/> Memo Item	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7000.00
<b>TOTAL</b> This Period (last page this line number only).....	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

A. Full Name (Last, First, Middle Initial)  
**JM Family Enterprises, Inc. PAC**

Mailing Address 111 Jim Moran Boulevard

City	State	Zip Code
Deerfield Beach	FL	33442-1701

FEC ID number of contributing federal political committee.

**C** C00240911

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

**07** / **12** / **2016**

**Transaction ID : A50DB0B42147E424FB43**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)  
**Liberty Mutual Insurance Company - PAC**

Mailing Address 175 Berkeley St

City	State	Zip Code
Boston	MA	02116-5066

FEC ID number of contributing federal political committee.

**C** C00171843

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

**07** / **12** / **2016**

**Transaction ID : AC4124A9737354605A9D**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)  
**North America's Building Trades Unions Pol. Ed. Fund PAC**

Mailing Address 815 16th Street NW

City	State	Zip Code
Washington	DC	20006-4101

FEC ID number of contributing federal political committee.

**C** C00003160

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

**07** / **12** / **2016**

**Transaction ID : ABB69FBA8AA244A0CB63**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

5000.00

**TOTAL** This Period (last page this line number only).....

23000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input checked="" type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Graves for Congress**Full Name (Last, First, Middle Initial)  
**Country Club Bank**

Mailing Address PO Box 410889

City	State	Zip Code
Kansas City	MO	64141-0889

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

688.29

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		01		2016

Transaction ID : A9553EAD1C05F4591897

Amount of Each Receipt this Period

127.23

☐ Memo Item  
☐ Interest Earned

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

☐ Memo Item
**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

127.23

127.23

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A. Bales & Associates, Inc.**

Mailing Address 3720 NE Troon Drive

City	State	Zip Code
Lees Summit	MO	64064-1988

Purpose of Disbursement  
Payroll Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		05		2016

Amount of Each Disbursement this Period

75.00
-------

☐ Memo Item

Transaction ID : BF57C9BDB734A4051B10

**B. Country Club Bank**

Mailing Address PO Box 410889

City	State	Zip Code
Kansas City	MO	64141-0889

Purpose of Disbursement  
Service Charge

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		08		2016

Amount of Each Disbursement this Period

132.57
--------

☐ Memo Item

Transaction ID : BBBB4C1BD939E473D892

**c. The Gula Graham Group**Mailing Address 499 S. Capitol Street SW  
Suite 420

City	State	Zip Code
Washington	DC	20003-4027

Purpose of Disbursement  
Fundraising & Consulting Fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		12		2016

Amount of Each Disbursement this Period

2000.00
---------

☐ Memo Item

Transaction ID : B5432F5080C30418BB56

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2207.57

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 16

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A. The Gula Graham Group**Mailing Address 499 S. Capitol Street SW  
Suite 420

City Washington State DC Zip Code 20003-4027

Purpose of Disbursement  
Catering for events, room rental, transportation and shipping expenses

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		12		2016

Amount of Each Disbursement this Period

5288.51

☐ Memo Item

Transaction ID : BCA8147DF58224F9FB5D

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....

5288.51

**TOTAL** This Period (last page this line number only).....

7496.08

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 16

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A. Naval Aviation Museum**Mailing Address 1750 Radford Blvd  
Suite B

City Pensacola State FL Zip Code 32508-5400

Purpose of Disbursement  
Charitable Donation

012

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		08		2016

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Transaction ID : B9142524B7ABF4E1A8F3

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

200.00

200.00

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 15 OF 16

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Graves for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**KWRT-AM / KWRT-FM**

Nature of Debt (Purpose):

Radio Advertising

Mailing Address 1600 Radio Hill Road

City State

Zip Code

Boonville

MO

65233-1957

Outstanding Balance Beginning This Period

857.65

Transaction ID : D3A100D7191AA4004A73

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

857.65

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Missouri Right to Life PAC**

Nature of Debt (Purpose):

Membership Labels

Mailing Address PO Box 651

City State

Zip Code

Jefferson City

MO

65102-0651

Outstanding Balance Beginning This Period

1087.00

Transaction ID : D07570D948F5846A892E

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1087.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Willard Dowden**

Nature of Debt (Purpose):

Rent for Nodaway Co. Republican Com

Mailing Address Route 1, Box 116

City

State

Zip Code

Burlington Junctio

MO

64428

Outstanding Balance Beginning This Period

200.00

Transaction ID : D389D85DE51A444C5A32

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

200.00

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

2144.65

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 16 OF 16

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Graves for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Boyles Motors Inc.**

Nature of Debt (Purpose):

Vehicle Lease

Mailing Address 204 N Market Street

City State

Zip Code

Maryville

MO

64468-1624

Outstanding Balance Beginning This Period

500.00

Transaction ID : D7D318D73F0EB4E02A52

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Stor Safe**

Nature of Debt (Purpose):

Storage Rental

Mailing Address 1501 Burlington Street

City State

Zip Code

Kansas City

MO

64116-3814

Outstanding Balance Beginning This Period

1000.00

Transaction ID : D6539BEA24A374542AF5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Lukens Company**

Nature of Debt (Purpose):

Printing,Mail,Postage,Data

Mailing Address 2800 S Shirlington Road  
Floor 9

City

State

Zip Code

Arlington

VA

22206-3601

Outstanding Balance Beginning This Period

1877.76

Transaction ID : D61F91A8896AE455C8FE

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1877.76

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

3377.76

2) **TOTALS** This Period (last page this line number only) ..... ▶

5522.41

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

5522.41